

DECLARATION AND POWER OF ATTORNEY

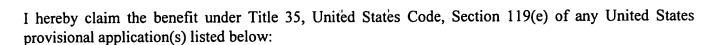
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VINEYARD APPARATUS, SYSTEM AND METHOD FOR VINEYARD MECHANIZATION

he specification of which (check one)	·			
is attached hereto.				
was filed on as Application Serial No(if application Serial No	-11-)			
and was amended on (if applic	cable).			
hereby state that I have reviewed and understand the contents of the heluding the claims, as amended by any amendment referred to above.	above identified specification,			
可可以				
Eacknowledge the duty to disclose information which is material to the expectation with Title 37, Code of Federal Regulations, Section 1.56 (a).	xamination of this application in			
hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application to which priority is claimed:				
PRIOR FOREIGN APPLICATION(S)	Priority Claimed			
	[] []			
(Number) (Country) (Day/month/year filed)	Yes No			
	[] []			
(Number) (Country) (Day/month/year filed)	Yes No			
	[] []			
(Number) (Country) (Day/month/year filed)	Yes No			



Provisional Application Number	Filing Date
60/035,216	01/07/1997
(Number)	(Day/Month/Year Filed)
60/049,285	06/10/1997
(Number)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability, as defined in Title 37, Code of Federal Regulations, Section 1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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O87950,301 10/14/1997 pending

(Appl. Serial No.) (Filing date) (Status) (patented, pending, abandoned)

60/035,216 01/07/1997 abandoned

(Appl. Serial No.) (Filing date) (Status) (patented, pending, abandoned)

60/049,285 06/10/1997 abandoned

(Appl. Serial No.) (Filing date) (Status) (patented, pending, abandoned)
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NON-PUBLISH

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As named inventor, or named inventors, I (We) hereby appoint the attorney(s) and/or agent(s) presently listed in our Customer Nos. 28,112,24951 (Arkansas) and 24,950 (Oklahoma City) all members duly authorized to practice law. Further, all foregoing attorneys are authorized to prosecute this application to register, to transact all business in the Patent and Trademark Office in connection therewith,



SEND CORRESPONDENCE AND TELEPHONE CALLS TO:

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Post Office Address:

Justin R. Morris Full name of sole or first inventor: Inventor's signature: DATE Residence: Springdale, Arkansas Citizenship: UNITED STATES OF AMERICA 1876 Albright Road, Springdale, Arkansas 72764 Post Office Address: L Full name of second inventor: Tommy R. Oldridge Inventors signature: **DATE** Lowell, Arkansas Residence: Citizenship: UNITED STATES OF AMERICA

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Date of Deposit: 10-22-0}

I hereby certify that this paper and fee is being deposited with the United States Postal Service "EAPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents; Washington, D.C. 20231

Applicant or Patentee: Serial or Patent No:

Morris et al.

Attorney's Docket No. ARK007/96868B

Customer No. 24,951

Filed or Issued:

For: VINEYARD APPARATUS, SYSTEM AND METHOD FOR VINEYARD MECHANIZATION

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS [37 CFR SECTION 1.9 (f) and SECTION 1.27 (b)] INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled:

VINEYARD APPARATUS, SYSTEM AND METHOD FOR VINEYARD MECHANIZATION

described in:			
[X] []	the specification filed here Application Serial NoPatent No		·
[]	Patent No.	_ issued _	·
to assign, gra classified as an or to any cond	nt, convey or license any r n independent inventor unde	ights in ther 37 CFR y as a sma	and am under no obligation under contract or law the invention to any person who could not be 1.9 (c) if that person had made the invention, all business concern under 37 CFR 1.9 (d) or a
	gation under contract or la		assigned, granted, conveyed, or licensed or am gn, grant, convey or license any rights in the
	[] no such person, concern [X] persons, concerns or o		
• * NO organization h	TE: Separate verified state aving rights to the invention	ements are n averring (required from each named person, concern or to their status as small entities. [37 CFR 1.27].
FULL NAME	: University of Arkansas		[]INDIVIDUAL
	404 N. University Ave. Little Rock, AR 72207-360	8	[] SMALL BUSINESS CONCERN [X] NONPROFIT ORGANIZATION

FULL NAME: ADDRESS:	[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION	
FULL NAME: ADDRESS:	[] INDIVIDUAL [] SMALL BUSINESS CONCERN	
	[] NONPROFIT ORGANIZATION	
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)].		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.		
NAME OF INVENTOR		
Justin R. Morris		
Signature of Inventor		
Date		
NAME OF INVENTOR		
Tommy R. Oldridge		
Signature of Inventor		
Date		